

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|--|--|--|----------------------|
| 1 Date of Request: <u>9/9/94</u> | | 2 Serial/Patent # <u>08/234145</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input checked="" type="checkbox"/> Filing | | | \$ <u>115.00</u> |
| <input type="checkbox"/> Amendment | | | \$ |
| <input type="checkbox"/> Extension of Time | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> Petition | | | \$ |
| <input type="checkbox"/> Issue | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> Maintenance | | | \$ |
| <input type="checkbox"/> Assignment | | | \$ |
| <input type="checkbox"/> Other | | | \$ 115.00 |
| | | 7 TOTAL AMOUNT OF REFUND | |
| | | \$ <u>115.00</u> | |
| | | 8 TO BE REFUNDED BY: | |
| | | <input checked="" type="checkbox"/> Treasury Check | |
| 10 REASON: | | Credit Deposit A/C #: | |
| <input checked="" type="checkbox"/> Overpayment | | 9 <u>03--1952</u> | |
| <input type="checkbox"/> Duplicate Payment | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | |
| | | | |
| | | | |
| | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Finola Holtzman</u> | | TITLE: _____ | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-1202</u> | |
| OFFICE: <u>Appl. Branch</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/16/94</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B